



PLANNED PARENTHOOD® ADVOCATES OF WISCONSIN

Support AB 653, Expedited Partner Therapy

January 20, 2010

Chairman Richards & Members of the Assembly Health and Health Care Reform Committee:

Wisconsin is facing a public health crisis with sexually transmitted disease (STD) rates at an all time high. As a leader in the public health community, Planned Parenthood of Wisconsin joins the Department of Public Health, the Medical Examining Board and the Wisconsin Medical Society in urging the legislature to pass AB 653, the expedited partner therapy (EPT) bill.

AB 653 specifically allow physicians or other qualified health care providers to prescribe or dispense an antibiotic for an absent partner of an individual being treated for sexually transmitted diseases (STDs). It removes legal barriers that make it impossible to treat an absent partner of patients diagnosed with an STD and puts Wisconsin in line with the U.S. Center for Disease Control's (CDC) best practices for reducing the transmission rate of STDs.

Planned Parenthood of Wisconsin (PPWI) is the state's largest reproductive health care provider. In 2008, PPWI served over 70,000 men and women. Approximately 11% of our total patient care is dedicated to the testing and treatment of STDs. According to our Vice President of Patient Services, EPT is the single most important policy change the state could make to seriously address skyrocketing STD rates in Wisconsin.

I. Sexually Transmitted Diseases are at an all time high in Wisconsin

The rate of sexually transmitted diseases continues to rise in Wisconsin, creating a public health crisis so dire that preventing and reducing the transmission is top priority of the Department of Health (DHS). According to DHS, Wisconsin's Chlamydia rate has steadily increased over the last ten years, especially among the younger population. The highest level of infection rates are women ages 20-24. The CDC estimates that 1 in 4 young women has at least one STD, numbers that appear very consistent with Wisconsin data. In fact, the overall total rate of STDs in the state has increased every year in the past decade.

Many people are simply unaware that they have an STD. The two most commonly diagnosed STDs, Chlamydia and trichomoniasis, are often asymptomatic in both men and women. Both infections have serious health consequences if left untreated. For young women especially, untreated STDs can lead to infertility, chronic pain, increased susceptibility to reproductive cancers and HIV infection and ectopic pregnancy. Currently, the majority of patients in Wisconsin being tested and treated for STDs are women—the likelihood that they bring their partner in with them for treatment is low. If these women continue to be sexually active and their partners do not get treated for STDs, the probability for re-infection is high.

II. EPT is a proven strategy that works to reduce STDs and prevent re-infection

Expedited partner therapy is one of the most successful ways to address the problem of treating absent partners. In 2006, the CDC recommended that EPT be used to more effectively reduce the spread of STDs. In fact, the CDC has led efforts to help states remove legal barriers for the implementation of

EPT policies. Effective clinical treatment of a patient diagnosed with an STD is to ensure that the current sexual partner is also treated. EPT facilitates this treatment by allowing a diagnosed patient to go home with a second dose of an appropriate antibiotic for his or her partner. Since most common STDs are typically treated with a single dose of an antibiotic, this partner dose will greatly reduce the likelihood of the diagnosed partner becoming re-infected with the same STD.

Twenty-one states currently use EPT as a strategy to decrease STD rates. Both Minnesota and Iowa have implemented EPT policies, and both have significantly lower Chlamydia rates than Wisconsin.

- Wisconsin 371 / 100,000
- Minnesota 276 / 100,000
- Iowa 314 / 100,000

(U.S. Center for Disease Control STD Surveillance, 2008)

III. EPT not only protects public health, but it also saves the state significant monies

According to DHS, STDs are a huge toll not only on the public health in Wisconsin but also on the state's budget. At a hearing earlier this session, the state health officer Dr. Seth Foldy estimated that the Wisconsin spends approximately \$117 million annually on the direct medical costs associated with treating STDs among just 15-24 year olds. This number does not include the negative health consequences of infertility, cervical cancer or ectopic pregnancy discussed earlier and focuses only on the youth population; thus the total costs of treating STDs are likely much higher. Early treatment of STDs is extremely cost effective. EPT facilitates early treatment by reducing barriers that an absent partner may have in receiving antibiotics to treat the infection.

IV. EPT is best practice and supported by national and local public health entities

Expedited partner therapy is considered best practice by the CDC. It is also supported by the American Medical Association, the American College of Obstetricians and Gynecologists, the Wisconsin Medical Society and the Wisconsin Department of Public Health. After reviewing AB 653 and the CDC guidelines on EPT, the Wisconsin Medical Examining Board issued a position paper that EPT should be considered the standard of care for treating absent partners in Wisconsin.

Expedited partner therapy is a crucial tool for the public health community to seriously address the epidemic of STDs in our state. Please support AB 653.



State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

Assembly Public Hearing
Committee on Health and Healthcare Reform
Wednesday, January 20, 2010

Assembly Bill 653: Related to Expedited Partner Therapy for STDs
Rachel Currans-Sheehan, Executive Assistant, DHS
Jim Vergeront, M.D., Director, AIDS/HIV Program, DHS

Chairman Richards and members of the Committee on Health and Healthcare Reform, thank you for the opportunity to speak today on AB 653. We are happy to be here today in support of AB 653. Expedited partner therapy (EPT) is a treatment option for partners of a patient diagnosed with sexually transmitted diseases (STDs) without a medical evaluation of the partner, and allows the patient to deliver oral medication or prescriptions to their sexual partner. EPT ensures that the sexual partner gets treated and does not re-infect the patient.

The Department has worked closely with Representative Sandy Pasch and Senator Judy Robson to craft AB 653 and its companion bill SB 640 to assure it is based on the best science and public policy and if it becomes law, it will add one more effective tool to address the STD epidemic facing Wisconsin and the nation.

Our efforts have built upon the prior legislative work of Dr. Sheldon Wasserman and have incorporated consultation with physicians and other care providers, pharmacists, the scientific literature and the experience of 21 states who have adopted EPT as a component of their STD control efforts.

AB 653 would enable Wisconsin physicians, physician assistants, certified advanced nurse prescribers and pharmacists to conduct EPT in accordance with the best medical practices as outlined and encouraged by the Centers for Disease Control and Prevention (CDC). The CDC EPT guidelines have been endorsed by the Wisconsin Medical Examining Board, the American Medical Association, the American Academy of Pediatrics, the Society for Adolescent Medicine, national public health associations and is permitted in 21 states including Minnesota, Illinois and Iowa.

There is a public health crisis of STDs in Wisconsin and the nation

- The numbers of STDs are increasing at an alarming rate in the nation and the State of Wisconsin. The national rate of Chlamydia in 2008 increased 9.2 percent from 2007. More than 1.5 million cases of Chlamydia and gonorrhea were reported to the CDC in 2008. These are the reported numbers. CDC estimates that approximately half of new Chlamydia and gonorrhea infections occurring each year remain undiagnosed and unreported. Trichomoniasis is the most common curable STD in young, sexually active women in the U.S., and an estimated 7.4 million new cases occur each year in both men & women.
- In Wisconsin, there are more STDs reported than all other reportable communicable diseases combined. The rate of reportable STDs which includes, Chlamydia, gonorrhea, and syphilis, has increased 33% in Wisconsin from 1999-2008. Over 30,000 cases of STDs were reported in Wisconsin in 2008.
- Approximately 47% of Chlamydia cases and 67% of gonorrhea cases in 2008 were from Milwaukee County. Milwaukee ranked second highest for rates of both Chlamydia and gonorrhea in 2006 of the 50 largest metropolitan areas in the U.S. which include Chicago, Minneapolis, and Detroit.

- Adolescents between the ages of 15 and 24 have the highest rates of STDs. Prevalence statistics based upon representative samples of young persons living in the U.S. demonstrated Chlamydia infection rates of 4.9% and gonorrhea rates of 0.43% for young adults aged 18-26. In Milwaukee, among adolescents 15-19 years of age, 1 in 18 were reported with a Chlamydia infection and 1 in 50 with gonorrhea in 2008 alone.
- STDs disproportionately impact communities of color. The rate of reported Chlamydia infections among black females is almost eight times that of whites and almost three times that of Hispanic females.

STDs can result in significant health consequences and medical care costs

- Chlamydia infections and gonorrhea are often asymptomatic. When left untreated, 10 to 20% of these infections in women result in pelvic inflammatory disease (PID), an infection of the reproductive organs that can lead to infertility. Undiagnosed and untreated STDs cause at least 24,000 women in the U.S. each year to become infertile. In addition, untreated STDs can lead to premature labor and low birth weight infants, neonatal pneumonia and blindness, ectopic pregnancies and fetal and maternal death.
- STDs also increase the risk of acquiring or transmitting HIV infections by two to five fold. Controlling STD infections is an important strategy to addressing the increasing epidemic of HIV infections in Wisconsin, the nation and throughout the world.
- STDs cost the U.S. health care system an estimated \$15.9 billion annually. Although most STDs are easily treated with antibiotics costing between \$5 and \$30, if left untreated, these infections will result in healthcare costs for treating PID that typically are between \$1000 to \$2000. Healthcare costs for other consequences of untreated STDs can be tens of thousands of dollars or more.

Interrupting the chain of transmission of STDs

- Effectively treating a patient with an STD requires treatment of the patient's current sex partners to prevent re-infection. Studies have shown that between 14%-26% of young women become re-infected with Chlamydia within 12 months of their initial infection. The main underlying cause is that re-infections result from continued sexual contact with an infected partner.
- The key to interrupting the chain of transmission of STDs is to examine, perform diagnostic testing and appropriately treat all sexual partners of persons diagnosed with STDs.
- The standard public health approach to notifying and treating partners are 1) patient referral—whereby the patient notifies his/her partners to seek care, or 2) provider referral, whereby the physician or public health intervention specialist notifies the partner and directs him/her into care. Studies have shown that approximately 60% of patients notify their partners of a possible STD. Provider referral methods are more effective than patient referral, however, these methods rely on the accuracy of the disclosed partner information, compliance of the partner and staffing resources.
- STD Program funds have decreased in recent years and Milwaukee is the only health department directly funded by the state to conduct STD partner services. And in Milwaukee County, the majority of the staff resources are directed at eliminating syphilis infections and the vast majority of Chlamydia and gonorrhea cases do not receive public health follow-up. In Dane County, public health staff are able to reach less than 50% of the partners of persons with STDs via traditional provider referral strategies.

Expedited Partner Therapy is one additional effective strategy for STD control

- In situations where public health provider partner referral is not available, EPT is a safe and effective alternative strategy for preventing STD transmission. EPT is the practice of treating sex partners of an STD-infected person without requiring the partner's clinical evaluation. Typically this is accomplished by the patient delivering the medication or a prescription to their partner.
- In a study conducted by King County, Washington, EPT was more effective in preventing re-infection of gonorrhea (by 73%) and Chlamydia (by 15%) when compared to standard partner management methods.

- The use of EPT is associated with a higher likelihood of partner notification when compared to unassisted partner management.
- Patients who receive EPT are significantly more likely to report that all sexual partners were treated than those who were told to refer their partners for treatment.
- EPT represents an additional strategy for partner management that does not replace other strategies such as provider-assisted referral.

2009 Assembly Bill 653 (Companion SB 640)—Expedited Partner Therapy

- Explicitly allows medical providers including physicians, physician assistants, and certified nurse prescribers to dispense medication or prescribe EPT and pharmacists to dispense medication for EPT for Chlamydia, gonorrhea and trichomoniasis,
- Limits liability for all providers as long as EPT is provided in accordance with the Statutes,
- Allows the prescription to be written for "EPT" when the patient does not know or is unwilling to give the partner's name, and
- Requires written materials be developed by the Department of Health Services to be provided with EPT about gonorrhea, Chlamydia, or trichomoniasis, their treatment and the risk of drug allergies

Addressing the perceived obstacles to EPT

- The Wisconsin Medical Examining Board has stated in their position paper on expedited partner therapy for STDs (8.20.2008): "The MEB further recognizes that it has been common practice for physicians to provide antibiotics for the partner(s) of a patient with an STD without prior clinical examination of the partner, and while this practice is not ideal in terms of diagnosis and prescriptive practice, it is often the only realistic way to reduce the incidence of reoccurrence and transmission of the diseases."
- Appropriately, there has been concern regarding the potential for adverse drug and allergic reactions in sexual partners treated without direct medical supervision. Fortunately, serious adverse reactions are rare with the CDC recommended Chlamydia, gonorrhea and trichomoniasis medications such as azithromycin, cefixime and metronidazole. If side effects do occur, they are typically transient gastrointestinal symptoms that rarely result in severe morbidity. The risk for anaphylaxis with these antibiotics is rare with estimates ranging from 1/1000 to as small as 1 in a million. In reality, the health risks to a patient and their partner from consequences of untreated STDs, far exceed the small risk of adverse reactions to the antibiotics.
- EPT bill exempts medical providers and pharmacists from civil liability for injury to the sexual partner unless an act or omission of the provider involves reckless, wanton, or intentional misconduct. The American Bar Association supports the CDC EPT guidelines and recommends the removal of legal and civil liability barriers hindering routine EPT practice.
- The EPT bill does not change the current practice of pharmacists providing consultation to the patient or the partner at the time a prescription is filled. In addition, the Department is required by the bill to prepare a patient information sheet that includes information about the prevention of STDs, their treatment, risks related to drug allergies and referral and additional information resources for the patient and their partner. The Department will also work directly with the medical community and pharmacists to develop and disseminate detailed protocols for the implementation of EPT services within Wisconsin.
- Chlamydia, gonorrhea and trichomoniasis are easily treated with single dose oral medications that are relatively inexpensive. The cost of medications will be covered by the partner's usual payment source (insurance, Medicaid) or directly by the partner. In many publicly funded clinical settings, physicians will likely dispense the medications for delivery by the patient with no cost to the patient or partner.

In conclusion

- Expedited partner therapy is a safe and effective option for STD care among individuals with Chlamydia, gonorrhea and trichomoniasis infections who are unlikely or unable to otherwise receive treatment.
- EPT represents an additional strategy for partner management that does not replace other strategies such as provider-assisted referral.
- EPT has been endorsed by the CDC, the Wisconsin Medical Examining Board and many other state and national associations and is permitted in 21 states including our neighboring states.
- The high STD rates in Wisconsin are unacceptable and disproportionately impact youth and minority populations.
- We must aggressively address this public health crisis. Adding EPT to our STD control strategies is scientifically and ethically the appropriate action to take.



**PHARMACY
SOCIETY OF
WISCONSIN**

To: Members of the Assembly committee on Health and Healthcare Reform
From: Tom Engels, Pharmacy Society of Wisconsin on Assembly Bill 653
Date: Wednesday, January 20, 2009

*"Leading Our Profession
in a Changing
Health Care Environment"*

Chairman Richards and members of the Assembly committee on Health and Healthcare Reform; thank you for this opportunity to testify before you today regarding PSW's concerns with Assembly Bill 653. As it is currently drafted, the Pharmacy Society of Wisconsin is opposed to this legislation.

2009 Assembly Bill 653 (AB653) allows a physician, physician assistant, or certified advanced practice nurse prescriber to provide expedited partner therapy without having seen the patient. The legislation defines "expedited partner therapy" as prescribing, dispensing, or furnishing to a patient an antimicrobial drug to be used by a sexual partner of the patient to treat a chlamydia infection, gonorrhea, or trichomoniasis without physical examination of the sexual partner.

The Pharmacy Society has identified three main concerns with Assembly Bill 653

Patient safety and the ethical responsibility of a pharmacist

It is the responsibility of the Wisconsin pharmacists to perform a consultation when dispensing a prescription. During the consultation a pharmacist will inquire about possible drug interactions, allergies and other medical problems that may be adversely affected by the prescription medication. Without the opportunity to talk with the patient a pharmacist could not discuss this information and avoid possible medication errors. Also, because a consultation was not performed the dispensing pharmacist may be subject to disciplinary action before the Pharmacy Examining Board (PEB).

Payment of the Prescription Medication

Most pharmacies receive payment for dispensing a prescription through a claim filed with an insurance carrier or the carrier's pharmacy benefit manager (PBM). It is unclear by the legislation how or who is to pay for the EPT prescription. A pharmacy may go through the process of preparing the medication to be dispensed and not be assured who would be picking it up or how the pharmacy would be paid.

Record Keeping

Current Wisconsin Pharmacy laws and regulations require pharmacies to keep records of dispensed medications. The Wisconsin Pharmacy Examining Board Rule requires a record be kept of all prescription medications dispensed for a period of 5 years. The rule requires specified information to be included in the record, including the patient's identification. This legislation would be in conflict with that requirement.

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PSW appreciates the intentions of the authors of this legislation in addressing the serious health issues caused by sexually transmitted diseases. Current Wisconsin pharmacy laws governing the dispensing of prescription medications are in place to ensure the integrity of the medications and for the safety of the patients receiving them. We do not believe it is appropriate to risk further harm to a patient by exempting these medications from the dispensing requirements that covers all other prescription medications.

The Pharmacy Society of Wisconsin, at a minimum recommends that Assembly Bill 653 be amended to include a patient name on all prescription drug orders covered by this legislation and we welcome the opportunity to work with the bill's author, members of this committee and representatives from the Department of Health Services to address our concerns.

January 20, 2010

AB-653, Expedited Partner Therapy for treatment of chlamydial infections, gonorrhea or trichomoniasis

Testimony of Craig Roberts, PA-C, before the Assembly Committee on Health and Healthcare Reform

Chairman Richards, and members of the committee, thank you for this opportunity to discuss Assembly Bill 653.

My name is Craig Roberts. I am a board-certified physician assistant and epidemiologist with University Health Services at the University of Wisconsin-Madison. In my role there, I am the manager of the sexually transmitted disease clinic known as Blue Bus Clinic, that serves both UW-Madison students and Dane County residents. I also have an appointment as a clinical assistant professor in the Department of Population Health Sciences in the School of Medicine and Public Health. I have 30 years of experience in the management and treatment of sexually transmitted diseases. I am here today to testify in favor of AB 653, regarding expedited partner therapy for chlamydia, gonorrhea or trichomoniasis infections.

Effective care of patients with sexually transmitted diseases (STDs) requires treatment of their sexual partners to prevent both reinfection of the patient, and transmission to other sexual partners. The standard approach to partner management is to advise patients to refer their partners to a health care provider for treatment. However, only a small minority of these partners ever seek care from a health care provider, and the epidemic of STDs is perpetuated.

In recent years, research supported by the U.S. Centers for Disease Control and Prevention has demonstrated that expedited partner therapy (EPT) is a highly successful alternative to traditional partner treatment. EPT is typically accomplished by patients delivering either medications or a prescription directly to their partners. EPT represents a useful strategy for those patients whose partners who are unable or unwilling to see a health care provider, and is frequently requested by my patients.

The evidence from these studies indicates that EPT should be available to clinicians as an option for partner management. EPT has been endorsed by the American Medical Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and other organizations.

I urge you to advance this important legislation and make the option of EPT available to Wisconsin health care providers and their patients.

Thank you for the opportunity to testify before you today. I would welcome any questions you may have.



SANDY PASCH

STATE REPRESENTATIVE

Assembly Bill 653
Testimony of Representative Sandy Pasch
Assembly Committee on Health and Healthcare Reform
January 20, 2010

Good afternoon, Mr. Chairman and fellow committee members. As the lead Assembly author of Assembly Bill 653, I thank you for the opportunity to provide testimony on this legislation.

As you are aware, we have a growing health crisis in our state. The rate of STDs has increased 33% in Wisconsin from 1999-2008, and over 30,000 cases of STDs were reported in Wisconsin last year alone. In 2007, Wisconsin had the 23rd highest chlamydia rate and 18th highest gonorrhea rate. Further, Milwaukee ranked second in highest rates for both chlamydia and gonorrhea within the 50 largest metropolitan areas of the U.S. in 2006, and only 60% of all partners of identified patients receiving follow-up for chlamydia or gonorrhea in Milwaukee received treatment in 2004. Untreated chlamydia, gonorrhea, and trichomoniasis infections can lead to serious and expensive complications, such as pelvic inflammatory disease and infertility. It also increases risk of acquiring and transmitting HIV as well as cervical cancer. I firmly believe that we have an obligation to combat these alarming health issues, and allowing providers to administer expedited partner therapy (EPT) is a common sense step our state can take to curb cases of STDs.

EPT is a treatment option for providers to treat the partner of a patient diagnosed with chlamydia, gonorrhea, or trichomoniasis without physical examination of the partner. EPT would allow the patient to deliver medication or a prescription to their partner to expedite treatment. This is an additional method recommended by the Centers for Disease Control and Prevention for partner management that does not replace current strategies.

EPT has been shown to be a safe and effective treatment method. Single doses of common antibiotics which are known to have mild side effects are used to treat chlamydia, gonorrhea, and trichomoniasis. A study conducted in King County, Washington found EPT was more effective in preventing re-infection of gonorrhea (by 71%) and chlamydia (by 15%) when compared to standard partner management methods. Patients who receive EPT are significantly more likely to report that all sexual partners were treated than those who were told to refer their partners for treatment.

Assembly Bill 653 would allow medical providers to furnish or prescribe EPT and pharmacists to dispense medication for EPT, and limits liability for both when EPT is provided in accordance with the bill. The bill also requires written materials be developed by the Department of Health Services to be provided with EPT about gonorrhea, chlamydia, or trichomoniasis and their treatment and about the risk of drug allergies.

Failing to adequately address this epidemic in Wisconsin has serious and expensive consequences on our state—significantly damaging our state's health, economic security, and future. I believe allowing providers to administer EPT will place one more tool in our tool belt to combat these highly communicable, yet easily treatable, diseases.

Mr. Chairman and fellow committee members, thank you again for allowing me to testify on this legislation. Dr. James Vernegot, program director for the state health department's AIDS/HIV program, is here to answer any technical questions relating to this proposal. Otherwise, I am more than happy to address any questions or concerns you may have.

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Testimony of Linda Willsey, Pharm.D., R.Ph.
Staff Pharmacist at Community Pharmacy
Before the Assembly Committee on Health and Healthcare Reform
Thursday, January 20, 2010

Chairperson Richards, members of the committee:

Thank you for the opportunity to speak in support of Assembly Bill 653. I am one of three staff pharmacists at Community Pharmacy, an independent worker's cooperative that has served the greater Madison community since 1972. We are proud of our reputation as a pharmacy that not only dispenses medications but also works to promote the health of our patients. We work in partnership with Access Community Health Clinics, local public health nurses, student health services and organizations assisting the homeless to provide affordable medications, health education, and referrals. A large number of our patients are young adults who attend the University of Wisconsin or live in downtown Madison - a population that is experiencing an epidemic of sexually transmitted infections. As health care providers, my pharmacist colleagues and I believe that we have an obligation to support expedited partner therapy as a common sense response to this public health crisis.

At Community Pharmacy we fill hundreds of prescriptions for birth control every week, and I'm pretty sure they're not just to regulate young women's cycles. We also dispense a lot of azithromycin, Suprax and doxycycline, and it's not all for respiratory infections or acne. The evidence is clear and undeniable: my young patients are sexually active, and for better or worse, many will have more than one sexual partner in their lifetimes. They are at risk for, or have already experienced, a sexually transmitted infection, and most won't exhibit symptoms to alert them to the problem. The old solution of partner notification via local public health departments doesn't work; it is labor intensive, expensive and most partners are never reached. Abstinence campaigns have not reduced the rates of Chlamydia or gonorrhea infections, either. (Nonetheless, I do promote abstinence to my patients for a minimum of 7 days following initiation of therapy for a sexually transmitted bacterial infection.)

Expedited partner therapy, while not a perfect solution, will get antibiotics to partners in a timely manner and reduce reinfection rates. No responsible pharmacist who counsels a patient about an antibiotic for an STI should fail to ask: "How are your partners getting treatment?" My heart sinks when I hear that the partner has an appointment in a few days or next week because I know the risk of reinfection is very high when partners don't take their antibiotics at the same time.

I believe that AB 653, by establishing a legal procedure for writing, identifying and dispensing EPT prescriptions will actually be an improvement over the present situation for pharmacists. Right now, it is not unheard of for practitioners to write a prescription for one patient while intending to provide treatment for two or more individuals. The diagnosis is never included on the prescription, so the pharmacist gets to play "50 Questions" with the patient who is receiving a prescription for doxycycline 100mg twice daily for 14 days. Or azithromycin 500mg #4 "take as directed." At my pharmacy, we almost always ask the patient what kind of infection the antibiotic is treating, and we can tailor the consultation accordingly. Pharmacists should not have to guess what a prescription is for or how it will

used by the patient. And practitioners should view pharmacists as partners in the care of their patients, not as obstacles they need to sneak around.

Some pharmacists have expressed concern that they have a duty to consult directly with the recipient of an EPT prescription. I agree that a face-to-face consultation with a patient is always ideal. But that often is not the case – it never is with mail order prescriptions, and it is not uncommon for someone other than the patient to pick up a prescription. Frankly, if I know I am dealing with an EPT prescription, I am going to be especially careful interviewing the index patient about possible allergies or drug interactions for the EPT patient. I will also encourage either patient to call the pharmacy to make sure there are no contraindications.

It is important to note that the risk of an allergic reaction to an antibiotic dispensed under an EPT prescription is extremely low. AB 653 limits EPT prescriptions to oral doses of antibiotics for treatment of Chlamydia, gonorrhea or trichomoniasis; the drugs most commonly dispensed for these infections are azithromycin, doxycycline, a cephalosporin, and metronidazole. Unlike penicillins or sulfa antibiotics, the risk of a true allergic reaction is extremely low – less than 1%. Drug interactions are also uncommon with the EPT antibiotics, and are especially unlikely in a young person who will take a single dose of the antibiotic.

In closing, the promotion of public health trumps the concerns raised by the Pharmacy Society of Wisconsin. Implementation of an Expedited Partner Therapy law is an opportunity for pharmacists to enhance our counseling skills, gain the trust of our patients, and become full partners in the fight against sexually transmitted infections. I look forward to working with the physicians, nurse practitioners and physician assistants in my community.